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Evolution of Occupational Therapy Practice: Life History of Dr. Debra Hanson, OTR/L, FAOTA

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### **Abstract**

**Objective.** The purpose of this qualitative life history study was to examine the life and work of Dr. Debra Hanson to gather information about the history and evolution of occupational therapy in North Dakota and Wyoming from her perspective.

**Method.** An audio recorded semistructured interview was utilized to gather information and perspective from Dr. Hanson regarding her involvement in the evolution of occupational therapy practice. Dr. Hanson was one participant selected from a participant list compiled through purposive sampling by the project directors. The interview was transcribed and coded. Categories with corresponding themes and a final assertion emerged through the data analysis process.

**Results.** The predominant categories representing the professional life of Dr. Hanson included finding meaning and occupational identity, professional practice, and connectedness in the profession. The findings indicate that Dr. Hanson found meaning and satisfaction in her role as an occupational therapist by continued learning as well as connectedness to others and the profession.

**Conclusion.** Dr. Hanson has served as an instrumental leader in the development of occupational therapy throughout North Dakota and Wyoming. Her movements in scholarship and academia boosted occupational therapy as theoretical models and frames of reference developed in practice and as the program at UND developed in Casper, WY.

### **Introduction**

This study examined the life and work of Dr. Debra Hanson as she entered and continued her work as an occupational therapist in North Dakota and Wyoming from 1980 to present (D. Hanson, personal CV, October 31, 2017). Dr. Hanson currently works as the Academic Fieldwork Coordinator (AFWC) at the University of North Dakota, where she communicates with and recruits fieldwork sites. She also ensures that the needs of the students, the university, and the fieldwork educators are met and that all necessary resources are available. This qualitative life history is one of 29 life history interviews which are a part of a larger project, *Life Histories of Individuals Who Have Been Influential in Developing Occupational Therapy (OT) in North Dakota and Wyoming*. The purpose of the project is to gather information about the history and evolution of occupational therapy (OT) practice in North Dakota and Wyoming through life histories of individuals who have been influential in developing OT in these two states. It is anticipated that the life history process will be a powerful way to gather this information. This study is intended to provide current and future generations of occupational therapists a view of the history of occupational therapy and how occupational therapy practice has evolved from its inception to current practice in North Dakota and Wyoming. The interview with Dr. Hanson took place through Blackboard Collaborate, a video and audio conferencing system through the University of North Dakota, and emails were utilized to further communication between the researchers and Dr. Hanson.

### **Literature Review**

A change occurred within the occupational therapy profession in the 1970s when, after the split of the profession in the late 1960s, the emergence of different settings occurred, such as psychiatry and physical disabilities with branches in pediatrics, geriatrics and hand-therapies (Cole & Tufano, 2008). Also, it is to be noted that the 1960s encompassed the realm of the

beginning of deinstitutionalization of individuals served in psychiatric state hospitals through the Community Mental Health Act of 1963 (Brown & Stoffel, 2011).

After this split, the American Occupational Therapy Association (AOTA) encouraged the occupational therapists to find similarities through discussion at conferences so that they could become able to accurately explain the profession's frames of reference (Cole & Tufano, 2008). The 1970s also consisted of a time in which many frames of reference were being published for use (Cole & Tufano, 2008). Along with the introduction of frames of reference, the Education of the Handicapped Act was passed in 1975; this increased support provided in school settings for children with disabilities and allowed these children to a free and fair education (Case-Smith, 2005).

According to Cole and Tufano (2008), the crisis of the 1970s continued into the 1980s as there continued to be a lack of a theoretical base as well as evidenced-based research. Health care costs were drastically increasing, and new forms of reimbursement became evident in the realm of occupational therapy. Goals needed to be implemented to show insurance companies that the interventions implemented by OTs were effective. However, a lack of standardized and reliable assessment tools to measure progress towards goals existed. The American Occupational Therapy Foundation used this opportunity to offer grants for the development of standardized assessments to measure occupational performance. This decade focused on the move away from mechanistic, reductionist, and biomedical care towards a more holistic client-centered practice. The 1980s also enveloped the creation of the Model of Human Occupation, clinical reasoning as a form of questioning, and the creation of occupational science (Cole & Tufano, 2008).

### **Theory**

The Kawa model was used to guide this study. This occupation-based model uses the picture of a river and its elements to represent an individual's life flow (Turpin & Iwama, 2011). The whole river represents the person's life history, and cross-sections can be taken from different points within the individual's life history to gain a greater understanding of the person's life at those specific times (Turpin & Iwama, 2011). Through the interview process with Dr. Hanson, these cross-sections were analyzed to bring about greater insight to what she was experiencing. In the cross sections of the river, there are the river walls and floors, rocks, driftwood, and open spaces between these objects (Turpin & Iwama, 2011). The walls and floors represent the contexts in which the individual is surrounded (Turpin & Iwama, 2011). Dr. Hanson was surrounded by many different contexts throughout her life such as the different physical settings she practiced in as well as the social contexts she was involved in. These social contexts included the interdisciplinary team at the North Dakota State Hospital as well as her role as a faculty member at the University of North Dakota, where she engages in social interactions with students and fellow occupational therapy colleagues. The rocks represent the individual's perceived problematic life circumstances; the driftwood represents the individual's personal attributes and values (Turpin & Iwama, 2011). Dr. Hanson had both rocks and driftwood in her path throughout different points in her life. However, she looked to the open spaces within her river, through the use of learning and resources as well as taking level I fieldwork students, to minimize problematic events. Lastly, the open spaces between the objects represent where the life flow of the individual still continues (Turpin & Iwama, 2011).

### **Description of Dr. Hanson**

Dr. Debra Hanson, OTR/L, FAOTA, first learned about occupational therapy from a classmate in high school. She was assigned to write a paper about a future occupation and, having nothing else to write about, heard of this occupation from a classmate and completed the assignment using this idea. Later, her brother had occupational therapy services and Dr. Hanson learned a little bit more about the profession from the family member's perspective. At that point, she began to seriously pursue a degree in occupational therapy. Dr. Hanson graduated from the University of North Dakota (UND) in 1979 with a Bachelor of Arts degree and in 1980 with her Bachelor of Science in Occupational (D. Hanson, personal CV, October 31, 2017). She spent the next several years as a practicing clinician in a variety of settings. Some of these settings included a school district in Iowa, an outpatient pediatric clinic, physical disabilities rehabilitation, and mental health. In 1988, Dr. Hanson moved into a position at UND as an academic fieldwork coordinator, a position that she presently holds in 2017(D. Hanson, personal CV, October 31, 2017).

Dr. Hanson has actively enjoyed and pursued scholarship during her career as an occupational therapist. She was granted tenure at UND in 1997, and in 2014 she received the status on the Roster of Fellows in AOTA (D. Hanson, personal CV, October 31, 2017). This award is designed to recognize an occupational therapist who has outstanding contributions to the profession with both scholarship and leadership components (AOTA, 2017). Dr. Hanson also reviews articles for the *American Journal of Occupational Therapy*, specifically in areas addressing fieldwork and academia (D. Hanson, personal CV, October 31, 2017).

### **Methodology**

This was a qualitative study using a life history approach. This approach allowed for the participant's involvement in the evolution of occupational therapy practice to be the focus of the study. Project directors assigned participants to student dyads after compiling a participant list through the use of purposive sampling. The data collection process consisted of a one-hour interview with Dr. Hanson through Blackboard Collaborate, an online audio conferencing system utilized by UND. Dr. Hanson provided student researchers with her curriculum vitae, which consisted of information regarding her degrees, positions within organizations she has been involved in, positions she currently holds within different organizations, publications, and lectures.

After the one-hour interview, student researchers transcribed the data verbatim over the course of ten hours. They utilized downloaded audio recordings and playback features on the computers to listen to the interview as they transcribed it. Additionally, the student researchers also conducted a literature review of the time periods that Dr. Hanson referenced in the interview; CINAHL and PubMed were used as search engines, and course textbooks were also utilized as references.

To increase trustworthiness, the student researchers used reflexive journaling and debriefing with each other and the research director. Additionally, the student researchers utilized memoing on the transcription, email communication with the participant, and instructor review to increase trustworthiness. The use of two student researchers increased the reliability of the transcription and coding processes.



### **Data Analysis**

The interview was audio-recorded, transcribed, and coded into 27 codes that were used to identify potential themes within the interview. The codes were created by use of reflexive comments made by student researchers within the transcriptions. This information was then used to further reflect on the information within the transcription to find emerging themes.

Codes were excluded if they did not show up multiple times within the interview. If codes were used multiple times, they were included. Project directors provided regular consultation for analysis of data collection during the course of the study.

Student researchers looked at the life flow of Dr. Hanson, beginning from her first exposure to the profession of occupational therapy and moving to her role as an occupational therapy student and practicing therapist, leading to her employment as the fieldwork coordinator at the University of North Dakota. Dr. Hanson experienced many barriers throughout her life flow including changes in legislation, feelings of stagnancy in a practice setting, and feelings of disconnectedness.

These themes were then used to create three main categories within this interview: occupational identity, professional practice, and connectedness in the profession. This process of creating categories included continued journaling and briefing with the project directors to identify commonalities and relatedness among the codes. From the categories, nine themes were developed to describe and summarize the commonalities that emerged from the life flow of Dr. Hanson (see appendix). The categories and their corresponding themes are expanded in the following section of this paper.

## Findings/Results

### Occupational Identity:

***Dr. Hanson found satisfaction in helping students to achieve and to find their identity in becoming therapists.***

Dr. Hanson identified occupational therapy as an identity where she found satisfaction in learning and helping others. She stated frequently throughout the interview that she loved learning, and the process of learning was a major source of motivation as she moved through different areas of practice and into her role as academic fieldwork coordinator. However, she did have to change her mindset at one point when she was forced to put aside time for her own personal learning and focus on learning that her students were doing through their fieldwork experiences and scholarly projects. "Sometimes," she stated, "learning has to do with what your students are learning." She identified her role as an academic fieldwork coordinator as satisfying in that many students looked to her as a primary means of accomplishing their own goals, and she found that she was in the right place at the right time to help these students achieve their goals.

***Through the act of doing, Dr. Hanson found that the patients found meaning through helping others.***

Dr. Hanson found that her patients often found *meaning through helping others*. One of the most rewarding experiences as a practitioner, Dr. Hanson recalled, was when one of her patients overcame a great many barriers and progressed even to helping another patient and engaging with him in activities throughout the day. The time those two patients spent walking the halls and bouncing a ball to each other evidenced that the act of doing enables a person to find meaning in occupation.

***Dr. Hanson identified occupational therapy as an art, a dynamic movement that helps others engage.***

This act of doing, though, is characterized as both *an art and a science* when looking at the profession of occupational therapy. It can be messy, and the time involved is never the same from day to day. In order to really find a niche and identity in the profession, one should always be learning, helping others to achieve, and adapting to changing situations.

You know, you want to help people, that's not a great reason to go into OT. It's a good reason, but then you have to think, how do I want to help people? Do I want to help people by scientific means where I will learn a body of knowledge and I will administer it precisely, or am I ready to be an artist? Am I ready to help people in such a way that it will be messy?

### **Professional Practice:**

***Learning was a primary motivator pushing Dr. Hanson through various areas of practice into her current role as a fieldwork coordinator.***

Learning motivated *Dr. Hanson* through various areas of practice and into her current role as the academic fieldwork coordinator. Dr. Hanson noted her enjoyment of supervising level I fieldwork students as they would come in with questions that motivated her to research certain topics such as the programs she was using for certain populations in order to answer their questions, and provide the best possible care to her clients. Dr. Hanson noted her use of learning was a vehicle for change for her as well as peers in their areas of practice:

And so, I think going to UND at that time was a good move for me. Another therapist who was there at the same time that I was and stayed there 15 years, also went back to school and got her Master's degree and brought back occupation to the state hospital. It was kind of a vehicle for the both of us to work past our impact.

***Dr Hanson identified that students have access to more resources than practitioners do.***

She noticed early in her career that resources were not readily available to her as she would need to go to the local library to get books to research topics she wanted more information on. As she began working at UND as a fieldwork coordinator, she realized

how much more access students had to resources than she did when she was practicing at the North Dakota State Hospital in Jamestown, ND.

***The role as a fieldwork coordinator served to provide access to resources and learning.***

Dr. Hanson quickly realized, after transitioning to UND, how much she enjoyed the opportunity to learn about the profession both with students as well as on her own:

So, I was super excited to come to UND. I was excited for the job, but secretly I was excited to come because I knew I would learn more! I would have access to books to journals to libraries that I did not have in Jamestown, North Dakota. And so ya know, those first years of teaching are a ton of learning because you are learning, ya know the curriculum has changed, it had been probably 11 years since I had been. Of course, I graduated from UND, but it had been 11 years. A lot of things changed, a lot of things I needed to learn. I was learning with an eye toward with this information what would I have done different in my practice in any one of my classes that would have brought more occupation into it.

### **Connectedness in the Profession**

***When traveling across Wyoming and seeing nothing for miles and miles, Dr. Hanson pondered the negative impact that isolation had on occupation.***

As part of her role of academic fieldwork coordinator, Dr. Hanson worked to establish the satellite occupational therapy program in Casper, WY. She recalled the time she spent in Wyoming before the program began, when she would fly into either Salt Lake City, Utah, or Rapid City, South Dakota, rent a car, and drive around the state building connections with other occupational therapy practitioners. Dr. Hanson noted that she would often drive for hours even between farmhouses, and she wondered how that isolation negatively impacted occupation, which in turn affected the profession of occupational therapy.

***The use of models in practice helps to connect practitioners to the profession.***

She saw "in driving around the state in the early years was just how separate therapists were from where the profession was going." While many other states during that time were applying models and frames of reference, occupational therapies showed a lack in this forward movement.

***The more involved one is in the professional organizations, the more connected a practitioner is to where the profession is.***

Dr. Hanson correlated the disconnect above to the level of involvement practitioners had in professional organizations. Throughout her experience as an occupational therapist, Dr. Hanson has been involved in multiple organizations at the state and national level. She shared that as a developing practitioner, when she was more involved in those organizations, she was more in tune to where the profession was going.

Rural practitioners who are engaged at the state and have national participation, they are miles ahead of rural practitioners who are isolated. Just like I was when I was developing practice. The more I was engaged with another group the more I had a sense of what was happening. Otherwise, I would do the same thing over and over, and you don't realize these things happen and you're left behind.

As connected as Dr. Hanson was to professional organizations, she saw the effects of rural practitioners not being involved—and therefore being left behind as the profession evolved.

One of the most rewarding experiences that Dr. Hanson identified in her career included a time that she served on a planning commission for a conference at an education summit of AOTA. This conference was a result of seemingly endless hours of meetings, and Dr. Hanson identified a feeling of satisfaction in seeing other educators "feel empowered to do better at what they do."

***Dr. Hanson shared that the people in Wyoming who were involved in the community were instrumental during the early years of the occupational therapy program in Casper.***

Because Dr. Hanson was located in Grand Forks, North Dakota, the faculty members, practitioners, and educators built connections and solidified the presence of the program within the community. She identified them as positive social connections that sustained the program and "smoothed out the bumps that were there." Even now, the faculty in Casper have a presence in the community and professional organizations, connecting practitioners in the state of Wyoming to the program and best practice ideas. This, Dr. Hanson noted, "makes all the difference," and her role is to support these connections and help where she can.

**Final Assertion:**

Dr. Hanson feels that occupational therapy is an art that can be seen through connectedness to others in the profession, resources, and the use of models.

**Discussion/Conclusions**

Dr. Hanson began practicing as an occupational therapist in 1980, during a time of in which the profession was changing and evolving. As Dr. Hanson entered the field of occupational therapy, the deinstitutionalization movement was in full swing. She noticed there seemed to be a lack of information regarding how to keep these individuals out of the state hospital and stay in the community. These were the perceived problems that led her to desire to learn more, however, resources were not readily available to her. Therefore, she found joy in embracing her life flow and began supervising level I fieldwork students who brought in resources and a wealth of knowledge.

During the 1980s, there was a time of great reform as theories and standardized assessments were being created and implemented for occupational therapists to use to measure goals and get reimbursed through insurance companies (Cole & Tufano, 2008). It was during this time of change within the profession that Dr. Hanson recognized the need to become connected to state and national occupational therapy associations. These connections were seen, by Dr. Hanson, as an opportunity to maximize one's life flow by learning and growing within one's professional identity.

As laws were being passed and a theoretical base being created, there also began a shift in services from medical and mechanical to a more holistic client-centered practice (Cole & Tufano, 2008). Dr. Hanson was able to find occupational identity through seeing clients find meaning by helping others and by actively engaging in meaningful occupations.

Dr. Hanson's practice continued to develop even through the implementation of the Education of the Handicapped Act, and increased support was given to children with disabilities in the school setting (Case-Smith, 2005). Dr. Hanson remembered that this appeared to take on more of a medical service rather than assisting the students in their role within the realm of education.

Dr. Hanson's reflections highlight the need for the profession of occupational therapy to be continuously engaged in learning as occupational therapy has been and will continue to evolve. A final assertion was developed from the interview with Dr. Hanson:

Occupational therapy is an art, as described by Dr. Hanson, in which individuals find meaning by actively engaging in occupations and can be seen through connectedness to others in the profession, resources, and the use of models.

Dr. Hanson identified the need to stay connected with other occupational therapists, especially through state and national organizations, as this provides practitioners with the opportunity to stay connected to the profession and developing knowledge and practice. We can use her story to solidify the presence of occupational therapy by emphasizing the importance of engagement in these areas as well as in the profession. Dr. Hanson has served as an instrumental leader in the development of occupational therapy throughout North Dakota and Wyoming, and her movements in scholarship and academia have boosted occupational therapy with the simultaneous emergence of theoretical models and frames of reference.

## **Appendix**



## Life History of Dr. Debra Hanson, OTR/L, FAOTA

Melissa Groth, MOTS and Martha Scoby, MOTS

**Codes**

legislation rural practice professional organizations presence OT is an art technology/resources becoming an OT documentation motivation changing area of practice	models of practice occupational therapy in mental health professional identity time fieldwork/fieldwork coordinator occupational perspective healthcare professionals students	connectedness/community ND State Hospital evolution of practice resources learning education solitary/disconnectedness scholarship helping people/providing support
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**Categories and Themes**

<b>Occupational Identity</b>	<ul style="list-style-type: none"> <li>• Dr. Hanson found satisfaction in helping students to achieve and to find their identity in becoming therapists.</li> <li>• Through the act of doing, Dr. Hanson found that the patients found meaning through helping others.</li> <li>• Dr. Hanson identified occupational therapy as an art, a dynamic movement that helps others engage.</li> </ul>
<b>Professional Practice</b>	<ul style="list-style-type: none"> <li>• Learning was a primary motivator pushing Dr. Hanson through various areas of practice into her current role as a fieldwork coordinator.</li> <li>• Dr. Hanson identified that students have access to more resources than practitioners do.</li> <li>• The role as a fieldwork coordinator served to provide access to resources and learning.</li> </ul>
<b>Connectedness in the Profession</b>	<ul style="list-style-type: none"> <li>• When travelling across Wyoming and seeing nothing for miles and miles, Dr. Hanson pondered how that isolation impacted the occupations of the population.</li> <li>• The more involved that one is in professional organizations, the more connected he is to where the profession is.</li> <li>• The use of models in practice helps to connect practitioners to the profession.</li> <li>• The people <i>in</i> Wyoming and involved in the community were instrumental in the early years of the UND/CC program.</li> </ul>

**Assertion**

Dr. Hanson feels that occupational therapy is an art that can be seen through connectedness to others in the profession, resources, and the use of models.

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